

<p style="text-align: right;">Page 1</p> <p>1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE WESTERN DISTRICT OF PENNSYLVANIA</p> <p>3 MICHAEL W. HILL, et al., : C.A. No. 05-160 Erie 4 Plaintiff : C.A. No. 03-323 Erie 5 v. : C.A. No. 03-355 Erie 6 : C.A. No. 03-368 Erie 7 : C.A. No. 04-011 Erie 8 JOHN J. LAMANNA, et al., : 9 Defendants :</p> <p>10 Video Conference Deposition of WILLIAM COLLINS, 11 DDS, taken before and by Janis L. Ferguson, Notary 12 Public in and for the Commonwealth of Pennsylvania, 13 on Tuesday, December 5, 2006, commencing at 10:00 14 a.m., at the offices of the United States Attorney, 15 17 South Park Avenue, Suite A330, Erie, Pennsylvania 16 16501.</p> <p>17 For the Plaintiffs: 18 Neal R. Devlin, Esquire 19 Knox McLaughlin Gornall & Sennett, PC 20 120 West 10th Street 21 Erie, PA 16501</p> <p>22 For the Defendants: 23 Michael C. Colville, Esquire, AUSA 24 Office of the United States Attorney 25 700 Grant Street, Suite 4000 Pittsburgh, PA 15219 Douglas Goldring, Esquire Federal Prison Industries (UNICOR) 400 First Street NW Washington, DC 20534</p> <p>Reported by Janis L. Ferguson, RPR Ferguson & Holdnack Reporting, Inc.</p>	<p style="text-align: right;">Page 3</p> <p>1 WILLIAM COLLINS, D.D.S., first 2 having been duly sworn, testified as follows:</p> <p>3 4 DIRECT EXAMINATION</p> <p>5 BY MR. DEVLIN:</p> <p>6</p> <p>7 Q. Dr. Collins, my name is Neal Devlin, and I 8 represent Michael Hill and several other former prisoners or 9 current prisoners at FCI McKean in a series of lawsuits that 10 have been consolidated for discovery purposes.</p> <p>11 You are named as a Defendant in the lawsuit in 12 which Mr. Hill is the Plaintiff, and it's in that lawsuit -- 13 under that lawsuit that we're deposing you here today.</p> <p>14 Dr. Collins, have you ever been deposed before?</p> <p>15 A. Yes, I have.</p> <p>16 Q. Okay.</p> <p>17 A. Yes, I have.</p> <p>18 Q. Then we can -- you know how this works, then. A 19 couple of ground rules that are maybe more important because 20 we're doing this via video. We have had one round-through 21 in these cases with video depositions, and there is a bit of 22 a delay between what I say and when you hear it. And so 23 because of that, I'm going to do my best to pause at the end 24 of my questions and wait until you respond. If for some 25 reason we start talking over one another, and I want to try</p>
<p style="text-align: right;">Page 2</p> <p>1 INDEX</p> <p>2</p> <p>3 TESTIMONY OF WILLIAM COLLINS, DDS</p> <p>4 Direct examination by Mr. Devlin 3</p> <p>5 Cross-examination by Mr. Colville 54</p> <p>6 Cross-examination by Mr. Goldring 59</p> <p>7 Recross-examination by Mr. Colville 60</p> <p>8 Redirect examination by Mr. Devlin 60</p> <p>9</p> <p>10 EXHIBITS:</p> <p>11 Collins Deposition Exhibit 1 - Page 20</p> <p>12 Collins Deposition Exhibit 2 - Page 39</p> <p>13 Collins Deposition Exhibit 3 - Page 50</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 to clarify it, what I'll do is I'll put my hand up, just so 2 you can see that, and that will be a signal to both of us to 3 stop talking, and then I'll try to reask the question.</p> <p>4 Beyond that, the only thing I would request is 5 that you make all of your answers audible and that you do 6 your best to speak slowly, only because the court reporter 7 is on our side of the connection, and so I know it will be 8 harder for her because she's not in the same room as you.</p> <p>9 A. Okay. No problem.</p> <p>10 MR. COLVILLE: Let me also -- keep your voice up.</p> <p>11 A. Can you hear me okay when I speak right now?</p> <p>12 Q. We can.</p> <p>13 A. Is it a good level?</p> <p>14 Q. It is. And is it the same here? I have been 15 accused of being too loud, never too quiet. So we're all 16 right?</p> <p>17 MR. GOLDRING: We can hear you fine, Neal.</p> <p>18 MR. DEVLIN: Okay, great.</p> <p>19 BY MR. DEVLIN:</p> <p>20 Q. Dr. Collins, I'd like to start with simply asking 21 you your educational history from undergraduate on, through 22 whatever the last educational program you were involved in.</p> <p>23 A. Okay. I graduated from Howard University in 1969. 24 I then attended Temple Dental School in 1971. I graduated 25 there in 1996 -- really, April of 1996. I then went into</p>

<p style="text-align: right;">Page 5</p> <p>1 private practice of dentistry here in Washington, D.C. for 2 approximately 10 years. At the end of that 10 years, I then 3 secured a position with the D.C. Department of Corrections, 4 and I then worked for the D.C. Department of Corrections for 5 approximately 13 and a half years. At that time -- the end 6 of that time, I then made an application to the Federal 7 Bureau of Prisons and subsequently took a position with the 8 Federal Bureau of Prisons. That was in, then, 1999; 9 January 17th, 1999.</p> <p>10 Q. Okay. I may have misheard you, but just so the 11 record is clear, did you graduate from Temple Dental in 12 1976? Is that --</p> <p>13 A. That is -- that is correct.</p> <p>14 Q. Okay. I thought I had heard --</p> <p>15 A. That is correct.</p> <p>16 Q. I thought I had heard '96, and that's why I wanted 17 to clarify that.</p> <p>18 MR. COLVILLE: You did hear '96.</p> <p>19 MR. GOLDRING: I think that was just a misspoken 20 word.</p> <p>21 A. Did I say '96? Oh, I'm sorry. That needs a 22 correction on my part. 1976. Please.</p> <p>23 Q. After being hired by the Federal Bureau of Prisons 24 on January 17th, 1999, where were you located or stationed? 25 A. I was stationed then at Federal Correctional</p>	<p style="text-align: right;">Page 7</p> <p>1 Q. And then from 1985 until, let's say, about 1991, 2 you were working for the State Department of Corrections in 3 Washington, D.C. and also maintaining a part-time private 4 practice. Is that correct?</p> <p>5 A. That is correct.</p> <p>6 Q. And then from 1991 until January 17th, 1999, you 7 were working for a State Correctional Facility in 8 Washington, D.C., correct?</p> <p>9 A. That is correct.</p> <p>10 Q. And then from 1999 until November 3rd, 2005, you 11 were working for the Federal Bureau of Prisons, and 12 specifically at FCI McKean.</p> <p>13 A. That is correct.</p> <p>14 Q. Great. While you were in private practice from 15 1976 to 1985, what type of dental practice was it? And what 16 I mean by that is, general dentistry or any specialized 17 dentistry?</p> <p>18 A. I was in general dentistry.</p> <p>19 Q. Were you a solo practitioner, or were you in any 20 type of partnership with someone else?</p> <p>21 A. I was in partnership with another dentist, who 22 happened to be my father.</p> <p>23 Q. Upon beginning work at FCI McKean, can you 24 describe for me both your position, and if it changed, any 25 changes in your position, and then your job duties for each</p>
<p style="text-align: right;">Page 6</p> <p>1 Institute McKean in Bradford, Pennsylvania.</p> <p>2 Q. And how long did you work at FCI McKean?</p> <p>3 A. I worked from January 17th of 1999 to November 3rd 4 of 2005. At that time I was able to retire.</p> <p>5 Q. Since November 3rd of 2005, have you engaged in 6 any other employment related to dentistry?</p> <p>7 A. Yes, I did, for a period of four months. From 8 February of 2006 to the end of May of this year, 2006, I 9 worked for Unity Healthcare as a general dentist. General 10 practitioner.</p> <p>11 Q. Okay. So am I correct, then, from your graduation 12 from dental school until your retirement from FCI McKean in 13 2005, all of your dental work and all of your work in the 14 dentistry field was performed within a correctional 15 institution or within a facility, a correctional facility?</p> <p>16 A. No -- make sure I understood what you said, 17 Mr. Devlin. From 1976 to 1985, I was in private practice.</p> <p>18 Q. Okay.</p> <p>19 A. And then from 1985 until I retired in 2003, I was 20 with a Government practice. I did, however, continue to 21 maintain a private practice part-time until approximately 22 1991 or '92.</p> <p>23 Q. Okay. So from 1976 to 1985, you were in private 24 practice in Washington, D.C. Is that correct? 25 A. That is correct.</p>	<p style="text-align: right;">Page 8</p> <p>1 position you held at FCI McKean.</p> <p>2 A. When I took the position at FCI McKean, I came in 3 as the chief dental officer, and I maintained that position 4 until I retired November of last year. Again, as I said, 5 November 3rd, 2005. Did you want me to go ahead and state 6 some of the responsibilities?</p> <p>7 Q. Yes. If you don't mind.</p> <p>8 A. Okay. At that time, I was responsible for the 9 maintenance of the entire dental clinic. There was at that 10 time -- really, I was by myself. I was responsible for the 11 inmate dental assistant that we had at that time. I was 12 responsible for running sick call, for providing also 13 routine care, the routine care clinic. And just about 14 everything that would pertain to the dental clinic came 15 under my purview.</p> <p>16 Q. Did you have anyone working within your clinic, 17 any dental hygienists, assistants, or support staff?</p> <p>18 A. When I first started in 1999, the only person 19 working in the clinic other than myself was the inmate 20 dental assistant, who continued to work there in -- until 21 approximately -- I would say about in April or May of 2000, 22 at which time we then secured a -- a contract dental 23 assistant. And that's when -- that was the first contract 24 dental assistant I had. And after that, we continued to 25 have a contract dental assistant until I retired.</p>

<p style="text-align: right;">Page 9</p> <p>1 We also secured a dental hygienist in the years --</p> <p>2 I believe it was 2001. Again, approximately in June, as I</p> <p>3 recall. And also at that time we got a part-time dentist</p> <p>4 who worked six hours a week in the dental clinic, and he</p> <p>5 worked primarily at the camp.</p> <p>6 Q. At the camp? Did I understand that correctly?</p> <p>7 A. At the camp, that is correct. Late -- later, that</p> <p>8 particular dentist -- Dr. Sterba is his name -- left the</p> <p>9 clinic, and we secured a second contract dentist, whose name</p> <p>10 is Dr. Gary Greer. And Dr. Greer came on board</p> <p>11 approximately -- beginning about February or March of 2004.</p> <p>12 And he, unlike Dr. Sterba, was able to work 30 hours a week,</p> <p>13 which is the maximum a contract employee is allowed to work.</p> <p>14 And he was -- is still there working to this day.</p> <p>15 Q. Can you spell Sterba for us, Doctor, if you don't</p> <p>16 mind.</p> <p>17 A. Yes. His first name is Wayne, and the last name</p> <p>18 is spelled S-T, as in tall, E as in echo, R-B as in ball,</p> <p>19 and A as in alpha.</p> <p>20 Q. Doctor, did you have set hours while working at</p> <p>21 FCI McKean?</p> <p>22 A. Yes, we did. The hours changed slightly at the</p> <p>23 whim of the administration at that time, but the hours were</p> <p>24 basically, in the morning, generally from around 6:30 to</p> <p>25 7:30, sick call was -- presented for the patients. After</p>	<p style="text-align: right;">Page 11</p> <p>1 the medical clinic, and then they would tell that patient to</p> <p>2 come down for an examination.</p> <p>3 After 12:00 midnight, if -- with no -- no medical</p> <p>4 staff person in the clinic, if a patient had a problem, he</p> <p>5 could still receive medical care, in that there is a</p> <p>6 physician that was on call at all times who would come in</p> <p>7 for -- to treat a patient if that problem is severe enough.</p> <p>8 Q. Okay. You had indicated, Doctor, that the hours</p> <p>9 varied a little bit based upon what the administration</p> <p>10 wanted. And the reason I bring that up is my next question</p> <p>11 deals with the chain of authority within the dental clinic.</p> <p>12 And so you indicating that the administration made certain</p> <p>13 decisions, that led me to conclude that there were different</p> <p>14 responsibilities for, for instance, administration, warden,</p> <p>15 you.</p> <p>16 What was the chain of authority, if that -- if</p> <p>17 that phrase means anything in this context, for the dental</p> <p>18 clinic?</p> <p>19 A. Well, chain of command usually for me would -- was</p> <p>20 that as the chief dental officer, my immediate supervisor</p> <p>21 was the clinic director, who at that time was Dr. Olsten.</p> <p>22 From Dr. Olsten, it then proceeded upward to the associate</p> <p>23 warden for operations. And, of course, the next step would</p> <p>24 be the warden of the facility at that time.</p> <p>25 In order to maybe clear up a little, maybe,</p>
<p style="text-align: right;">Page 10</p> <p>1 that, from approximately -- oh, I would say 8:00 or 8:30 on,</p> <p>2 we then proceeded to treat the patients that were -- had</p> <p>3 been seen on sick call. And then in the afternoon, we</p> <p>4 attempted to treat patients from the routine care list.</p> <p>5 Q. You had indicated --</p> <p>6 A. I might add also -- I might add also, Mr. Devlin,</p> <p>7 that at that time, also, a patient could always access the</p> <p>8 clinic through an emergency setup, if you will. If that</p> <p>9 patient felt that he has had a -- an emergency, he could</p> <p>10 have his -- from housing unit officer or his counselor or</p> <p>11 his boss, his supervisor, to call the clinic, and we could</p> <p>12 then provide that particular person with the time that the</p> <p>13 patient could come to the clinic that day for examination.</p> <p>14 Q. So hypothetically, Doctor, if a prisoner had a</p> <p>15 problem, let's say in the middle of the night, or at a point</p> <p>16 in time when you were not there, what procedure would they</p> <p>17 follow to try to get emergency dental care?</p> <p>18 A. They would usually have the -- either -- at that</p> <p>19 time the housing unit officer to call the medical clinic.</p> <p>20 The -- there is usually -- but there is always a person</p> <p>21 there, a medical staff person there, at least until</p> <p>22 12:00 midnight. In fact, at one point it was 24-hour</p> <p>23 coverage.</p> <p>24 But, say, up to 12:00 midnight, that patient would</p> <p>25 be able to contact the medical staff person who would be in</p>	<p style="text-align: right;">Page 12</p> <p>1 fuzziness about this, Mr. Devlin, when I said that the hours</p> <p>2 varied slightly, that was due to the fact that they</p> <p>3 sometimes -- during that time they changed the time that the</p> <p>4 inmates were allowed to go to breakfast. And as the</p> <p>5 population of the institution increased, they found that the</p> <p>6 dining hall could not house everybody at the same time. So</p> <p>7 then they had to have the people to come in -- or the</p> <p>8 inmates to come in, in sort of staggered -- staggered</p> <p>9 phases. Consequently, that caused us to have to change our</p> <p>10 hours of the sick call clinic. But it was always in the</p> <p>11 morning, and the times were always generally -- near about</p> <p>12 the same; within a maybe 30-minute variance.</p> <p>13 Q. I understand that. I appreciate that</p> <p>14 clarification.</p> <p>15 Would it be fair to say, then, that the dental</p> <p>16 clinic operated within the same purview and sort of under</p> <p>17 the same umbrella as the medical clinic as a whole? Is that</p> <p>18 correct?</p> <p>19 A. Oh, yes. The dental clinic is considered a part</p> <p>20 of the medical clinic. In fact, many people tend to isolate</p> <p>21 dental problems away from medical problems, but dental</p> <p>22 problems are medical problems. It's simply medical problems</p> <p>23 that affect the mouth. And the dental clinic definitely is</p> <p>24 a part of the medical clinic, and as such -- in fact, our</p> <p>25 sick call hours were completely the same as the medical</p>

3 (Pages 9 to 12)

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1 clinic sick call hours. That's the way it was set up.

2 Q. Okay. As far as physical space, Doctor, was the
3 dental clinic, was there a -- was there a portion of the
4 overall medical clinic that was sort of your offices and the
5 dental offices, or was it different? What was the
6 relationship spatially between the medical clinic and the
7 dental clinic?

8 A. The dental clinic was in -- is housed in the same
9 building as the medical clinic. And when the patient enters
10 into the medical building, they enter at one end of it,
11 which is into a common waiting area or waiting room. There
12 are three doors or -- that face off into that common area.
13 One is for the entrance and departure for people working in
14 the pharmacy.

15 Q. Okay.

16 A. The second door is for entrance into the dental
17 clinic. And the third door is for entrance into the rest of
18 the medical clinic.

19 Q. Okay. In that waiting room, are there any
20 employees of either the medical or dental clinic or the
21 prison in general who are in that waiting room?

22 A. No, there are not. However, there is a window in
23 the waiting area that allows the medical record technicians
24 to look out into the waiting room area, so that the patients
25 are being observed from time to time. And, also, if there

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1 are any patients -- I'm sorry -- if there are any questions
2 that the patient may have, they can then go to that window
3 and speak with the medical record technicians.

4 Q. So, Doctor, again to -- just as a hypothetical, so
5 I can understand the general procedure, if during the sick
6 call hours a prisoner had a dental problem that they wished
7 to have addressed, what would they do first physically? I
8 mean, they would come into the waiting room and then what
9 would happen?

10 A. They would come into the waiting room and go to
11 the -- that window, that -- that the medical record
12 technicians use and state that they were here for a dental
13 problem. The medical record technician would then take down
14 their name and pull the record, pull the medical record
15 jacket and then bring that jacket over to the dental clinic,
16 in which I would be waiting, and give that to me so that I
17 could then call the patient into the clinic for treatment.
18 That was the standard procedure for handling sick call
19 patients.

20 Same thing if they had some other medical problem.
21 Their record would be pulled, and they would then be shown
22 to the appropriate healthcare provider in the medical
23 clinic.

24 Q. Okay. If a prisoner were to come in for routine
25 dental care -- and later on, I'll want to get into the

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1 differences between those and how that happens. But for
2 right now, if they had routine dental care, would they have
3 a set appointment that they would show up for? Is that how
4 that would work?

5 A. Yes, definitely. The Federal Bureau of Prisons
6 mandates that you have a list for treatment -- rather, I
7 should say, a patient has a required treatment, so that
8 there's some orderly handling of the -- of the inmates at
9 the institution. And what transpires is that the inmate
10 submits an inmate request to staff or a cop-out requesting
11 to have his teeth cleaned or stating that he would like to
12 be put on the list. His name is then at that time entered
13 onto the list, and as the patients ahead of him are seen,
14 his name gradually comes up to the top of the list, and then
15 at that time he is shown into the clinic and his routine
16 care, treatment begins.

17 Q. In that procedure you just laid out, Doctor, do
18 you have any involvement in reviewing those -- and I'll
19 refer to them as cop-out forms, because that's how I've seen
20 them, and I know that's how you just referred to them. Do
21 you have any involvement in reviewing those cop-out forms at
22 any time when -- either before they are put on the list or
23 after they are put on the list, but before the person's
24 appointment time comes up?

25 A. I generally see them before they are put on the

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1 list. Before they are put on the list. And I read them
2 and -- you know, so that if there's anything, perhaps,
3 significant that might require perhaps immediate attention
4 that the patient might not be aware of, I can then put them
5 on call-out.

6 Q. You had indicated "generally". That doesn't
7 always happen?

8 A. It does happen. Actually -- if I said generally,
9 it does happen. All the time. I read them when they come
10 in. I then pass them to my dental assistant, who then at
11 that time would enter them onto the list in the computer for
12 chronic care patients, for routine care patients.

13 Q. And you had indicated that the sick call time for
14 both dental problems and just broader medical problems,
15 nondental medical problems, was the same period of time; is
16 that correct?

17 A. That is correct.

18 Q. Doctor, did you review any documents in
19 anticipation of this deposition?

20 A. Yes, I did.

21 Q. Okay. And what documents did you review?

22 A. I reviewed the patient's dental history and also
23 my own declaration. And I believe that is it. Let me just
24 check with my two attorneys here.

25 Q. Certainly.

4 (Pages 13 to 16)

<p style="text-align: right;">Page 17</p> <p>1 (Discussion held off the record.)</p> <p>2 A. Mr. Devlin, the other records that I reviewed also</p> <p>3 was the patient's medical records for that period of time</p> <p>4 that he came to McKean, up to that point where he came to my</p> <p>5 clinic for the extraction of the tooth.</p> <p>6 Q. Okay. And, obviously, when you say "the patient",</p> <p>7 you're referring to Michael Hill. Is that correct, Doctor?</p> <p>8 A. That is correct.</p> <p>9 Q. Do you have an independent recollection of Michael</p> <p>10 Hill? Beyond his medical records and your review of those</p> <p>11 records, do you remember him separate and apart from the</p> <p>12 notes you took and the entries you made in those records?</p> <p>13 A. No, I do not. I had never seen or met Mr. Hill</p> <p>14 until he came to the clinic to have the tooth extracted,</p> <p>15 which was November the 27th.</p> <p>16 The only other knowledge that I had of -- that he</p> <p>17 existed was that his counselor, Miss McNintch, asked me if</p> <p>18 he had been to the dental clinic, because he had been</p> <p>19 complaining of a problem. And I told her, no, he had not;</p> <p>20 send him to the dental clinic at sick call. Other than for</p> <p>21 having spoken with her on approximately, I would say, three</p> <p>22 different occasions, I knew nothing about Mr. Hill. I would</p> <p>23 not have been able to pick him out in a crowd or anything.</p> <p>24 Q. Those conversations you had with Ms. McNintch, do</p> <p>25 you have a recollection as to when those occurred? And if</p>	<p style="text-align: right;">Page 19</p> <p>1 knowledge regarding Mr. Hill is -- is contained in the</p> <p>2 dental records that we have?</p> <p>3 A. That is correct.</p> <p>4 Q. Okay. What I'd like to do, then, Doctor, if it's</p> <p>5 okay with you, is go over those dental records. Beginning</p> <p>6 with the November 27th, 2002 entry. Again, I -- but I also</p> <p>7 want to confirm that we're looking at the same documents</p> <p>8 here. The copy I have of the medical records is the copy</p> <p>9 that I believe I took off of your declaration, so it does</p> <p>10 have a control stamp on the top from the Court. I don't</p> <p>11 know if that's the same copy you have. And your lawyers can</p> <p>12 probably help you with that to see if the normal header that</p> <p>13 the District Court puts on them is on your copy.</p> <p>14 MR. COLVILLE: Neal, on the bottom right-hand</p> <p>15 corner, is there a Bates stamp, 06?</p> <p>16 MR. DEVLIN: No, I have a different copy.</p> <p>17 MR. COLVILLE: Okay. That might make it easier.</p> <p>18 Q. My copies, Doctor, it is a two-page dental record.</p> <p>19 The first page -- at least what I'm calling the first</p> <p>20 page -- starts with the November 27, 2002 entry by you.</p> <p>21 Below that is a -- it appears to be a 3/26/03 entry, again</p> <p>22 by you. And then the -- what I have as the second page is</p> <p>23 an entry by J. Rose, D.M.D. at USP Lompoc. Is that the same</p> <p>24 record --</p> <p>25 MR. GOLDRING: That 11/27, is this the one that</p>
<p style="text-align: right;">Page 18</p> <p>1 you have a specific recollection, that's great. If you</p> <p>2 don't, and if it's easier to use the date of the extraction,</p> <p>3 which I believe is November 27, '02 as a benchmark, that's</p> <p>4 fine as well.</p> <p>5 A. All I can remember, Mr. Devlin, is I believe she</p> <p>6 first mentioned something to me approximately around about</p> <p>7 in August, maybe the first part of September, that she had</p> <p>8 an inmate, Michael Hill by name, that had been complaining</p> <p>9 of a -- a tooth problem. And I at that time told her, well,</p> <p>10 send him down to sick call to be examined.</p> <p>11 She then saw me, as I recall, approximately three</p> <p>12 weeks later and asked me if he had been to sick call. I</p> <p>13 assumed that she was speaking about Mr. Hill. And I said,</p> <p>14 well, no, he has not been to the dental sick call yet.</p> <p>15 When she asked me again, I believe at that time he</p> <p>16 had been to the dental clinic, and I had performed the</p> <p>17 extraction on him.</p> <p>18 Q. Okay. So that I make sure that I'm clear on</p> <p>19 that -- and I think I am. But it sounds like two</p> <p>20 occasions -- two of the conversations you had with</p> <p>21 Ms. McNintch occurred before the extraction, and one</p> <p>22 occurred after. Is that correct?</p> <p>23 A. That is -- that is correct.</p> <p>24 Q. Okay. Beyond those conversations you had with Mr.</p> <p>25 Hill's counselor, is it fair to say that all of your</p>	<p style="text-align: right;">Page 20</p> <p>1 says 14:00 hours on it? Is that the one that</p> <p>2 you're --</p> <p>3 MR. DEVLIN: Yes.</p> <p>4 MR. GOLDRING: Okay.</p> <p>5 MR. DEVLIN: So you have that page, as well as the</p> <p>6 second page, which is the USP Lompoc entry,</p> <p>7 January 2001 at 08:50.</p> <p>8 MR. GOLDRING: Yes.</p> <p>9 MR. DEVLIN: What I'd like to do, then, is I'd</p> <p>10 like to ask the court reporter to mark this</p> <p>11 two-page dental history, dental treatment record,</p> <p>12 as Collins Exhibit No. 1.</p> <p>13 (Collins Deposition Exhibit 1</p> <p>14 marked for identification.)</p> <p>15 BY MR. DEVLIN:</p> <p>16 Q. All right, Doctor, looking at the first page of</p> <p>17 Collins No. 1, along the left-hand side is the entry, the</p> <p>18 date 11/27/2002 at 14:00 hours. Is that correct?</p> <p>19 A. That is correct.</p> <p>20 Q. That date, November 27th, 2002, is the date when</p> <p>21 you extracted Mr. Hill's tooth. Is that correct?</p> <p>22 A. That is correct.</p> <p>23 Q. And I realize we went over this a little bit</p> <p>24 before, but just so we're clear, is that the first occasion</p> <p>25 on which you personally examined Mr. Hill?</p>

5 (Pages 17 to 20)

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1 A. That is correct.

2 Q. And is that actually the first date upon which you
3 met Mr. Hill?

4 A. As far as I recall, that is the first time I met
5 Mr. Hill.

6 Q. Do you have an independent recollection of that
7 tooth extraction; of the visit on November 27th, 2002?

8 A. I can't say that I have an independent
9 recollection of it, Mr. Devlin. The problem is that, in all
10 honesty and sincerity, in treating so many patients, I can't
11 remember every single absolute item that was going -- that
12 was going on or taking place at the time. But if I can
13 refer to my medical record, that -- I have a fair idea of
14 what was taking place at this visit.

15 Q. And, Doctor, that is fair enough and, quite
16 frankly, the answer I completely expected. I just wanted to
17 make sure that to the extent that you did have knowledge of
18 that visit that wasn't represented in this note, that we
19 covered everything.

20 So with that understanding, then, can you take me
21 through this entry and describe for me what occurred during
22 the visit on November 27th, 2002.

23 A. Yes, I can. When the patient entered the clinic,
24 he came in and stated, as I have in quotations there, "My
25 tooth aches." And he then pointed to Tooth No. 13.

Page 22

1 I might also state that at this time, 14:00 hours
2 is not the usual time for sick call. This is -- he had come
3 over apparently from the segregated housing unit. And I
4 cannot remember exactly -- I would think that possibly he
5 may have spoken with an officer over there who called our
6 clinic, or he may have spoken to one of the mid-level help
7 providers that is a physician assistant or possibly a nurse
8 practitioner who makes rounds every day in the segregated
9 housing unit that he was having a problem. And that was
10 conveyed to the dental clinic. But I just wanted to clear
11 that up as far as the time was concerned.

12 Q. I appreciate that.

13 A. Right. He -- at that point, when he pointed to
14 No. 13, I then asked -- of course, under the observation, or
15 "O" as it is represented on his record, I did a medical
16 history review, and he showed that he appeared to be normal,
17 he had no -- well, when I say "normal", he had no known drug
18 allergies, what is what we are primarily concerned about,
19 because certainly we don't want to inject him with anything
20 or prescribe anything that's going to have an adverse
21 reaction.

22 I then, under -- next asked him to what degree did
23 he feel his pain. And that is what we call a pain index
24 factor. And that is what the "PI" on -- in his record
25 represents. The factor is based on a scale of zero to 10;

Page 23

1 zero being no pain and 10 being severe pain. He stated that
2 he rated his pain at approximately a four.

3 The next thing was to look at the tooth which he
4 was complaining about, and I had him to open his mouth, and
5 I took the handle of my mouth mirror and tapped -- here it
6 says percussion -- his tooth of which he was complaining.
7 He stated that it hurt him more when I tapped it, so I put
8 down a plus beside percussion to indicate that it showed
9 sensitivity.

10 The next step was to palpate or press around the
11 tooth; this being to see if there were any swelling or if
12 there primarily was sensitivity in the tissue around the
13 tooth. And he said it was, when I pressed on the area above
14 the root of his tooth, No. 13. He stated that it was
15 sensitive.

16 I then decided that I would take an x-ray of his
17 tooth, and on the next line you can see "PAX", which is
18 periapical x-ray. And that simply means that an x-ray was
19 taken of the tooth and included the actual end of the tooth
20 or the apex of the tooth as well, so that we might see if
21 there were any signs of a problem there on the x-ray that
22 the tooth was experiencing.

23 When the x-ray was developed, I was able to
24 observe that the restoration that was in the tooth was close
25 to the nerve of the tooth or the pulp, as we call it, and I

Page 24

1 stated it was even possibly communicating with the pulp.

2 The reason that I said "possibly" is because on
3 occasion, the way that an x-ray is taken, it may appear to
4 be in contact with the pulp, but it might not quite be. So
5 in as far -- and the only way that you can determine this
6 is, of course, to take the filling out. And at that time I
7 was not -- did not want to take the filling out. In fact,
8 the filling -- the only -- in fact, the only thing wrong
9 with the tooth, other than being sensitive and being --
10 having a palpation problem, was nothing. Everything else on
11 the tooth -- the tooth was intact, the filling was intact,
12 the filling was not cracked, the tooth was not cracked.
13 There was no open border between the tooth and the filling
14 itself.

15 So the only thing that I had observed was that the
16 tooth was sensitive to percussion, sensitive to palpation,
17 and had a very large filling present that was in excellent
18 shape, in fact.

19 Q. Okay.

20 A. Then explained to the patient under the A, which
21 is assessment, that his tooth -- which I indicated No. 13 --
22 was suffering from what we call irreversible pulpitis, which
23 simply means that the pulp -- or as many people refer to,
24 again, the nerve -- in the tooth had reached such a stage
25 that there was no treatment that could reverse the

6 (Pages 21 to 24)

Page 25

1 inflammation and infection that it was experiencing.
 2 I also indicated that this had occurred from him
 3 having former deep caries. That number two with like a
 4 little degree sign beside it means secondary tooth. So his
 5 problem was that the pulp or the nerve in his tooth was
 6 infected and inflamed, secondary to or, if you will, as a
 7 result of having former deep caries, or deep decay.
 8 Q. Dr. --
 9 A. At that time -- yes.
 10 Q. Let me stop you there, because I'd like to ask you
 11 a couple of questions about this and then go on and complete
 12 the note. I understand that you haven't completed this
 13 entry yet. But --
 14 A. Surely.
 15 Q. -- I think it would be easiest to ask the
 16 questions now.
 17 When you say that the restoration was possibly
 18 communicating with the pulp of the tooth, what do you mean
 19 by "communicating"?
 20 A. I mean that it is possible -- well, that it is
 21 perhaps actually in contact with the pulp of the tooth.
 22 Q. The restoration that was in the tooth, in laymen's
 23 terms, is that a filling? Is that what that was?
 24 A. Yes, it -- that is absolutely correct.
 25 Q. And that filling, am I correct that there are both

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1 temporary and permanent fillings that can be placed in
 2 teeth?
 3 A. That is correct.
 4 Q. Okay. And was this a temporary or a permanent
 5 filling in Mr. Hill's tooth?
 6 A. This was a temporary filling that was in Mr.
 7 Hill's tooth of a unique nature. According to the material
 8 that Dr. Rose used, as he indicated in the second entry,
 9 which I think you will -- you will get to in a -- in our
 10 discussion, this temporary filling or medicated filling --
 11 well, temporary filling, if you will, is made up partially
 12 of -- it's sort of a hybrid filling. It's half silver and
 13 half cement. And it is a very durable filling. And a lot
 14 of dentists like to use it, including myself, because of the
 15 fact that the cement portion of this filling helps to
 16 maintain the filling in place, thereby giving a greater wear
 17 factor and a greater chance of remaining in the patient's
 18 mouth without any problem until such time that you decide to
 19 replace it.
 20 Q. Okay. You had indicated that the filling was also
 21 medicated. What does that mean?
 22 A. That means that at times it -- it -- it will have
 23 ingredients in it that are sedative or calming to the pulp
 24 in the tooth. And could I stop for one second.
 25 (Discussion held off the record.)

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1 A. Mr. Devlin, I'm back. Thank you.
 2 Q. No problem. And, Doctor, the one thing I didn't
 3 state that I should have, if at any time you need a break
 4 either to confer with your counsel -- with counsel or for
 5 any other reason, just let me know, and that won't be a
 6 problem.
 7 A. Okay. Thank you.
 8 Q. Okay. So just so -- where we were so I can get my
 9 bearings, you determined that -- well, rather, Mr. Hill had
 10 a temporary medicated filling in his No. 13 tooth when you
 11 examined him, correct?
 12 A. That is correct.
 13 Q. Okay. And after going through the various --
 14 utilizing the various diagnostic tools you described for us
 15 shortly ago, you made the conclusion or the -- if I can, the
 16 diagnosis that he had irreversible pulpitis. Is that
 17 correct?
 18 A. That is correct.
 19 Q. Okay. Can you tell me all of the bases upon which
 20 you based that diagnosis of irreversible pulpitis.
 21 A. The patient was experiencing pain with the tooth.
 22 They -- during his examination, under my observations,
 23 the -- there was nothing in -- that I observed that -- that
 24 I would say was -- be abnormal about the tooth or the
 25 filling that's -- was in place that would cause him to have

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1 a problem with the pulp or the nerve in the tooth. In other
 2 words, there was not an open border or margin where food or
 3 liquids such as the saliva or coffee or tea or soda could
 4 get between the tooth or the filling and cause him
 5 discomfort. There was no decay present on the tooth that
 6 had occurred since he had the filling put in place that
 7 could possibly be triggering his discomfort. The tooth --
 8 the filling was not loose, where, again, you would have the
 9 seepage problem with food and liquids getting down into the
 10 deeper structures of the tooth.
 11 Consequently, the only thing that I could make a
 12 determination of that had caused him to have a problem was
 13 that he had a -- suffered earlier a cavity, which is caused
 14 by bacteria, and the cavity had progressed to the point
 15 where it was close enough to the pulp in the tooth to infect
 16 it.
 17 Despite the fact that Dr. Rose attempted to place
 18 a temporary filling there to perhaps get -- allow the tooth
 19 a sufficient amount of time to perhaps have -- fight this
 20 infection, the filling -- this procedure did not work
 21 because the -- sort of the same kind of thinking of kind of
 22 closing the barn door after the horse has gotten out. The
 23 pulp had already been infected. And despite the fact of a
 24 very well-placed filling being present, there was nothing
 25 else that could be done for the tooth at that time, due to

7 (Pages 25 to 28)

Page 29

1 the fact that the pulp was now suffering from an infection.
 2 The infection was manifesting itself as pain to the patient.
 3 And, in fact, on the x-ray, although I admit I did not
 4 indicate it here, the area around the root of the tooth, as
 5 I recollect, was a little questionable, but I did not
 6 mention it because I -- it could -- it could be debatable.
 7 Q. Understanding that I'm going to restate a little
 8 bit of what you just said, I want to make sure I understand
 9 all of the bases upon which you came to your conclusion that
 10 this was irreversible pulpitis.

11 What I have is the nature of Mr. Hill's pain and
 12 specifically that he was experiencing pain and that your
 13 examination of the tooth did not disclose any problem with
 14 the tooth in the things you described, such as seepage or
 15 allowing food to get in or anything like that. Therefore,
 16 those things were not causing the pain.

17 So am I correct that you concluded that the pain
 18 must be being caused by the problem with the pulp or the
 19 nerve of the tooth?

20 A. That is correct.

21 Q. Okay. You also indicated that the x-ray presented
 22 some questionable aspects of the root, but that that -- am I
 23 right -- and tell me if I'm not. But am I right that that
 24 wasn't solely a basis for your conclusion of irreversible
 25 pulpitis; it was really the pain and the nature of the pain

Page 30

1 that led you to that conclusion?

2 A. That is absolutely correct.

3 Q. Okay. Is there anything beyond the pain and the
 4 physical presentation of the tooth that led you to conclude
 5 that this was irreversible pulpitis?

6 A. The fact that the patient had the filling in place
 7 for a -- as long a period of time as he did indicated also
 8 that the tooth, if we're going to have been able to have --
 9 I should say, have fought off the infection, he would not be
 10 experiencing the pain that he was experiencing at the time
 11 that I saw him. In other words, the fact that he was
 12 experiencing pain after the filling had been in place as
 13 long as it had definitely indicated that the tooth was not
 14 going to improve.

15 Q. In Mr. Hill's complaint that my tooth aches, if
 16 you remember specifically in this instance, great, and if
 17 not, in general, would you question him or did you question
 18 him as to specifically does it ache more at certain times or
 19 other times, do certain things cause increased pain, such as
 20 air, cold liquids, those types of things?

21 A. As I recall, Mr. Devlin, I usually do ask that
 22 question. I would ask -- would have asked him, does it hurt
 23 you when he bites down on it, perhaps. And it -- and I
 24 would think that it would, since if I tapped on the tooth
 25 with my mirror handle, which sort of simulates the opening

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1 and closing of the mouth and of the teeth coming together,
 2 then certainly he would have felt discomfort when he
 3 attempted to eat any kind of food.

4 Usually, as you said, we ask them if it's
 5 sensitive to air, if it's sensitive -- things such as that.
 6 And in this case, the factors that really came into place
 7 was the fact that it was sensitive when I percussed it or
 8 tapped it. And when I palpated around the roof area, it
 9 suggested that he -- he also had pain. And usually that's
 10 caused from an abscess formation or an abscess forming in
 11 the area. That's what accounts for the sensitivity when you
 12 palpate around the tooth. And also, for that matter, even
 13 when you percuss or tap the tooth, there is an abscess
 14 that's forming.

15 Again, as I said, I didn't mention anything about
 16 the x-ray, because the x-ray was sort of inconclusive as to
 17 actually showing an abscess forming. But, again, people can
 18 have abscesses -- or patients, I should say, can have
 19 abscesses that do not reveal themselves by x-ray techniques.
 20 But, on the other hand, they are very much present and have
 21 to, of course, be dealt with similarly.

22 Q. Okay. Doctor, am I correct that -- well, let me
 23 ask it this way: I note that in your record entry here,
 24 there is no indication of a response to whether the tooth
 25 was sensitive to air, whether it was sensitive to cold. Am

Page 32

1 I correct, then, that that means that it was not sensitive
 2 to those things?

3 A. I would say that is correct, Mr. Devlin. That is
 4 correct. Everything I put down under my observation were
 5 those things which -- is what I observed in his mouth
 6 clinically that was -- that was of an abnormal nature.

7 (Discussion held off the record.)

8 Q. Doctor, before -- when Mr. Hill came in, and
 9 you're going through this exam -- and, again, I know we
 10 haven't gotten to the entry yet where you actually extract
 11 the tooth. But prior to that, did you review the entry from
 12 Dr. Rose at USP Lompoc?

13 A. Quite frankly, I can't remember if I did or not,
 14 Mr. Devlin. I can't really -- I don't really recall.

15 Q. Okay. Understanding that you don't have a
 16 specific recollection in this case, do you have a general
 17 practice of whether or not you would review that type of
 18 entry in a chart prior to seeing or treating a patient?

19 A. Generally, I would say yes, I do have a practice
 20 of doing that. But I cannot remember if I did so in this
 21 case, to be frank or honest with you.

22 Q. The fact that the -- Dr. Rose's entry appears in
 23 the medical record that we have, the dental record we have,
 24 does that indicate that it was available to you?

25 A. Yes, that is correct.

8 (Pages 29 to 32)

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1 Q. All right. Okay. Once you made the conclusion --
2 or the diagnosis that Mr. Hill had irreversible pulpitis,
3 what did you -- what did you tell him?

4 A. I usually explain to the patient their situation;
5 that the reason they are experiencing the problem -- their
6 pain, which is usually the problem. And with him, I
7 explained to him why he was experiencing this pain. I
8 explained also to him that there was not anything else that
9 could be really performed, now that I had examined his tooth
10 and taken an x-ray, except that the pain was going to worsen
11 and that the problem that he was experiencing would worsen,
12 and that the choice that he had now was for us to take the
13 tooth out so that he would not continue to experience the
14 pain and that his problem would not worsen overall
15 healthwise.

16 Q. Okay. With a diagnosis of irreversible pulpitis,
17 what are the options for a patient, just in general? And,
18 actually, in general, notwithstanding for a moment any
19 restrictions placed upon you or Mr. Hill as a result of him
20 being in a correctional facility and being under the
21 guidelines. But just from a purely dental/medical
22 perspective, what are the options for a patient who has
23 irreversible pulpitis of the type from which Mr. Hill was
24 suffering?

25 A. There are two options, really, available. The

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1 first option, of course, is to extract the tooth; take the
2 tooth out. The second option is to -- is to perform a root
3 canal procedure on the tooth, in which case the pulp of the
4 tooth is completely removed and the area that the pulp once
5 occupied is now filled with a specialized type of material
6 that completely seals up that whole area. And then at the
7 end of that procedure, usually -- particularly with teeth
8 that is what we call posterior teeth, which are the teeth
9 that fall -- or that occur directly behind the canine tooth
10 in the mouth, are crowned or capped, as is sometimes -- this
11 procedure is called. The anterior teeth or the teeth in the
12 front of the mouth don't always have to be crowned, although
13 it is still a recommendation to -- we like to see them
14 crowned, but we don't press the patient as hard to have them
15 crowned as we do for a tooth that is in the -- is a
16 posterior tooth, such as was the case with Mr. Hill's tooth,
17 which was No. 13.

18 Q. Okay.

19 A. The -- the logic in the crowning of the tooth or
20 the capping of the tooth is that it protects the tooth from
21 fracture. Teeth that have root canal therapy performed on
22 them tend to become more brittle and, therefore, are subject
23 to fracture quite more easily than a normal tooth, if you
24 will, in the mouth or a tooth that still has the pulp within
25 it.

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1 This fracture can occur at the slightest
2 provocation. It can be from eating a very crisp piece of
3 bacon to munching on some peanuts, to biting down on a piece
4 of hard gristle in some meatloaf or hamburger. Therefore,
5 we always encourage or tell patients ahead of time that you
6 must have the tooth crowned in order to protect it;
7 otherwise, they are going to still lose the tooth. And the
8 extraction of the tooth may even be more difficult after
9 having had the root canal therapy performed, because very
10 often one of the side effects of performing root canal
11 therapy is that the tooth -- the root of the tooth, if you
12 will, tends to become sort of fused to the socket, the bony
13 socket in which it resides; what we call ankylosis. And
14 I'll spell that for the court clerk. Which is
15 A-N-K-Y-L-O-S-I-S. Ankylosis.

16 Therefore, those are the two options that are
17 available to the patient.

18 Now, to follow up with the extraction, the
19 extraction, after it is performed, usually the tooth is
20 replaced generally through a bridge or through a partial
21 denture or now, of course, through an implant.

22 Q. Okay. Understanding that those are the two
23 options, extraction or a root canal, and in this case,
24 followed by a crown, did you describe both of those options
25 to Mr. Hill?

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1 A. As my memory serves me again, Mr. Devlin, I
2 believe that I did, with a notation, of course, that, you
3 know, root canal would not be performed because of the fact
4 that the Federal Bureau of Prisons does not provide for the
5 manufacture or for the tooth to be treated with a crown
6 following the root canal therapy.

7 Therefore, for us to perform a root canal therapy
8 on the tooth and not put a crown on it would simply subject
9 him to a -- at a later date having to return from the tooth
10 fractured on him to be removed.

11 Q. Doctor, obviously, one of the questions I have is
12 where -- where that guideline is that says that Mr. Hill
13 would not have been eligible for a crown. And, quite
14 frankly, this seems as logical a place as any for us to get
15 into that. I have looked through both the program
16 guidelines attached to your declaration and the ones
17 produced in discovery here. I believe the ones in your
18 declaration were from 1996, and the ones in discovery were
19 dated in 2005.

20 I guess as an initial question, which -- which
21 were in effect at the time Mr. Hill's tooth extraction
22 occurred?

23 A. At the time his tooth extraction occurred, I'm --
24 could you just wait for one second, Mr. Devlin?

25 Q. Absolutely, Doctor.

9 (Pages 33 to 36)

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1 (Discussion held off the record.)

2 A. Okay. To get back to you on that question,

3 Mr. Devlin --

4 Q. Yes, Doctor.

5 A. -- I -- honestly, we're not aware that there's

6 anything in print that addresses that. But the standing

7 move is that -- well, I guess I should approach it from this

8 point of view: The laboratories that the Federal Bureau of

9 Prisons has, none of them produce crowns for teeth. They

10 are not equipped to produce crowns for teeth. They're

11 equipped to produce partial dentures, they can produce full

12 dentures, they can produce, you know, night guards, they can

13 even produce the sports bite guards, if you will.

14 But none of them, that I -- as I know at the time

15 that I saw Mr. Hill, or even, for that matter, when I left

16 the last year in November of 2005, are equipped to make

17 crowns for teeth.

18 (Discussion held off the record.)

19 Q. Doctor, I don't know if you completed that

20 previous answer. I certainly have other questions, but I

21 want to make sure that you're done.

22 A. No, not quite.

23 Q. Fair enough.

24 A. The -- at the time of the -- the -- of the program

25 statements that were in effect at that time, one of the

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1 things that -- for routine dental treatment, which is what

2 Mr. -- well, I'm sorry -- what is generally proposed or

3 given to patients who are on the list to get regular

4 treatment for their teeth, cast crowns, if you will, and

5 bridges are not normally authorized, and they are

6 considered, actually, accessory care. And accessory care,

7 in the program statement, again, is not usually available to

8 the inmate population.

9 MR. COLVILLE: Why don't you reference the page.

10 A. 6000.05. The date is September 15, 1996. And

11 this is Chapter IV. It's Roman numeral IV, Page 27. That's

12 what I'm referencing.

13 MR. COLVILLE: Neal, more specifically, that

14 reference can be found in Dr. Collins' affidavit

15 at Exhibit D-2.

16 MR. DEVLIN: D-2. Okay.

17 MR. COLVILLE: I believe so, Neal. And I believe

18 it's Page 27 of D-2.

19 MR. DEVLIN: Let me do this, if it's acceptable to

20 you, Mike and Doug: I am going to take this

21 single page out and mark it as an exhibit. Is

22 that all right, if we don't do all of D-2? I --

23 MR. COLVILLE: I --

24 MR. DEVLIN: Go ahead.

25 MR. COLVILLE: I have no problem with doing that,

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1 so long as you're willing to accept my objection

2 to the extent it is necessary to read any other

3 parts of the program statement with reference to

4 this page. But for purposes of this deposition --

5 or this -- you know, moving this along, I have no

6 problem with you making it an exhibit and

7 questioning Dr. Collins about it.

8 MR. DEVLIN: Okay. Let's do that. Let's mark

9 Page 27, Chapter IV of the September 15, 1996

10 version of PS-6000.05 as Collins Exhibit 2, with

11 the understanding that it is one page out of a

12 multi-page document, and that, you know, can be

13 read in context as appropriate.

14 MR. COLVILLE: That sounds fine to me.

15 (Collins Deposition Exhibit 2

16 marked for identification.)

17 BY MR. DEVLIN:

18 Q. Doctor, before we get into Collins No. 2 and the

19 accessory dental treatment there, I also noted that

20 accessory dental treatment was also addressed on Page 15 of

21 that same program statement. If you have that available,

22 could you flip to that.

23 A. (Witness complies.) Okay, Mr. Devlin, I have it.

24 Q. And feel free to review that portion of it. My

25 question is going to be -- I guess my question is, why is

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1 it -- why is it in there twice? Is there a difference

2 between Page -- understanding that the language is

3 different, but is the accessory dental treatment addressed

4 at Page 15 different than the accessory dental treatment

5 provisions on Page 27 that you referred to?

6 A. Just give me one minute here, Mr. Devlin.

7 Q. Certainly.

8 (Discussion held off the record.)

9 A. Mr. Devlin, apparently I cannot really state why

10 the entry is in the program statements twice.

11 Q. Okay. Well, what I'd like to do, then, Dr. --

12 well, let me ask you a couple of questions about Page 27.

13 As I'm reading through this, would a -- I'm trying to figure

14 out what a crown is on these things. And is it a -- I

15 believe I read in here -- oh. So it is fixed prosthetics?

16 Would that be considered a crown?

17 A. That is correct.

18 Q. Am I also correct that at the end of Section F on

19 Page 27, it does read -- and I'll simply read this into the

20 record, Doctor, and tell me if I've read it incorrectly.

21 "If the CDO determines such treatment may be warranted,

22 approval must be obtained from the chief dentist and the

23 medical director."

24 I guess the initial question, did I read that last

25 sentence correctly?

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1 A. That is correct.
 2 Q. Okay. And you were the chief dental officer,
 3 correct? I mean, that's what CDO refers to?
 4 A. That is correct.
 5 Q. Okay. Am I correct, then, that if you had
 6 determined that a fixed prosthetic or a crown may be
 7 warranted in Mr. Hill's case, there was a procedure you
 8 could go through to try to get the appropriate approval to
 9 allow for that to occur? Is that right?
 10 A. That -- that is correct.
 11 Q. Okay. Did you ever go through that procedure in
 12 cases other than Mr. Hill's?
 13 A. No, I did not.
 14 Q. Okay. And broadening it up even beyond crowns,
 15 any of the accessory dental treatments provided in Paragraph
 16 F, did you ever make any request to the chief dentist or
 17 medical director to allow the use of any of those accessory
 18 treatments?
 19 A. No, I did not.
 20 Q. What would have been the time, if you know, with
 21 the understanding that you never had made a request before,
 22 but are you aware of the time it would have taken to make
 23 that request to the chief dentist and the medical director
 24 and to get a response from them?
 25 A. Oh, I can't really say, Mr. Devlin, since I had

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1 never done it -- or never did it. I would hazard a guess
 2 that perhaps maybe --
 3 MR. COLVILLE: Let me ask you not to guess. If
 4 you don't know --
 5 A. Okay. I really don't know.
 6 Q. Okay. So going back to what you told Mr. Hill, am
 7 I correct, then, that it's your recollection, based upon
 8 your notes and whatever recollection you have, that you told
 9 him that he had irreversible pulpitis, you explained to him
 10 that there could either be an extraction or a root canal,
 11 but that a root canal really could not occur because it
 12 would not be possible, in your opinion, for a crown -- for
 13 him to get a crown? Is that right?
 14 A. I told him that I -- the Bureau of Prisons does
 15 not usually -- does not provide for crowns to be
 16 manufactured, and that he would have to have a crown on that
 17 tooth in order to protect it if a root canal were to be
 18 performed.
 19 Q. Doctor, before getting to, then, the extraction
 20 procedure, I have one other question. How would -- with the
 21 understanding that you diagnosed irreversible pulpitis based
 22 upon the pain Mr. Hill was experiencing, the physical
 23 condition of the tooth, and the length of time that the
 24 filling was in -- and that's my understanding of the bases
 25 of that diagnosis -- what would have been the difference if

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1 this had been reversible pulpitis?
 2 A. If it had been reversible pulpitis, the -- the
 3 tooth -- well, that -- reversible pulpitis itself is, of
 4 course, a state where the tooth -- it would be -- was
 5 eventually -- would at some point stop hurting within a
 6 reasonable period of time, which I would state probably
 7 within two or three days, and then the patient would not any
 8 longer have any treatment problem with it. But in this
 9 particular state, considering the depth of the decay that
 10 had been present and the size of the filling that was
 11 present and the fact that he was experiencing sensitivity
 12 above the root, which was the palpation, this was definitely
 13 irreversible pulpitis.
 14 Now, reversible pulpitis, he quite possibly -- in
 15 fact, he would not have had the sensation of sensitivity
 16 when I pressed or palpated around the root.
 17 Q. Okay. Doctor, can you complete taking me through
 18 your entry on November 27, 2002.
 19 A. All right. Under the "P" for procedure, I then
 20 injected Mr. Hill with the Lidocaine -- and that's
 21 L-I-D-O-C-A-I-N-E -- in order to have anesthesia in the
 22 area. And at that time I then extracted his tooth with
 23 forceps. And as I put down, I had elevator -- well, I had
 24 elevator and forceps extraction, which means that the tooth
 25 was first loosened with the elevator, and then it was

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1 removed with the forceps. He was allowed to remain in the
 2 chair to ensure that he would not hemorrhage. And the entry
 3 I have here is "stasis", which means stasis of the blood was
 4 achieved. He -- he did not require sutures, so I had no
 5 sutures. PIOG stands for postoperative instructions given,
 6 and he was given those instructions both verbally or orally
 7 and in a written document as well. It was discussed with
 8 him and he understood what was on this statement and what we
 9 had spoken with him.
 10 A prescription was then written for him for the
 11 penicillin and for Motrin, which is Ibuprofen. The
 12 penicillin was given to him for the infection and abscess
 13 that was forming there. And the Motrin was given to him to
 14 alleviate [sic] him from the pain of the extraction and also
 15 from the infection that was -- had been causing the pain.
 16 Q. Did you discuss with Mr. Hill whether or not a
 17 bridge or partial denture might be possible after the
 18 extraction?
 19 A. I tend to recollect that I believe I discussed
 20 with him a partial denture could be made for him to replace
 21 that tooth.
 22 Q. Okay. Obviously, that's not in your note here.
 23 So what do you recall about that conversation?
 24 A. I -- I don't remember a whole lot, except that I
 25 tend to remember that he asked me, after the tooth was out,

11 (Pages 41 to 44)

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1 what could he do. And that's -- and I said, well, a partial
2 denture would be the answer to replace that tooth.
3 Generally, I also look in the records to see if there are
4 other missing teeth and advised the patient that when the
5 partial denture would be made, it would not replace just
6 that tooth, but any other missing tooth in the particular
7 jaw that was involved.

8 Q. And in your review of Mr. Hill's dental record,
9 did he have other missing teeth?

10 A. Yes, he did.

11 (Discussion held off the record.)

12 Q. Doctor, I just have a couple more questions. With
13 respect to irreversible pulpitis, does reversible pulpitis
14 eventually become irreversible pulpitis, if that makes
15 sense?

16 A. Ordinarily, it -- it -- it really depends,
17 Mr. Devlin, on what is causing the problem with the tooth in
18 the very beginning -- or at that time.

19 For instance, if a person drinks a super-cold
20 glass of water or soda and they allow it to hit their front
21 teeth long enough or maybe a tooth in their mouth that has a
22 large metal filling in it, such as silver or gold, they can
23 thermally shock that tooth. And after that, the tooth will
24 then be very sensitive to any kind of temperature changes at
25 all. If the person opens their mouth and in the wintertime

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1 it hurts them, that would be a reversible pulpitis that
2 occurred as a result of thermal shock.

3 Other problems are also occlusal problems. If the
4 person bites down, say, on a -- likes to eat crabs, and they
5 bite down on a piece of shell and they bite hard on it,
6 that's considered occlusal trauma, or trauma that has
7 occurred as a result of a person biting or chewing. That
8 can also cause the tooth to suffer an irreversible pulpitis,
9 something such as that.

10 When you get into aspects of decay, again, that
11 then creates a different picture, because in Mr. Hill's
12 case, considering the x-ray that demonstrated a very deep
13 cavity, not to mention the x-ray that Dr. Rose had taken,
14 that -- now you have the nerve infected with bacteria, and I
15 think I can safely say that 99 -- 99, 100 percent of the
16 time, that tooth is not going to recover, because the pulp
17 within the tooth has a very poor blood supply, but a very
18 necessary one. And it's just enough to keep the pulp alive
19 and viable, but it doesn't really sufficiently provide a
20 heavy enough blood flow that if he had been put on, say, the
21 penicillin that I prescribed to him for, say, maybe six
22 weeks or even six months, that it would clear up. It would
23 not clear up. Once the pulp is engaged with a bacteria,
24 there's no coming back, really.

25 Q. Okay. Doctor, if you would turn to Collins

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1 Exhibit 1, which is the medical record, looking at
2 Dr. Rose's entry, the fourth line down, I notice that
3 there's an "A:", then the word "caries" is No. 13, then the
4 word "restorable". What is your understanding of what -- in
5 reviewing that medical record, do you have an understanding
6 as to what Dr. Rose meant when he indicated that -- the word
7 "restorable"?

8 A. When Dr. Rose wrote that, at the time he felt that
9 the tooth could possibly be saved, perhaps. And
10 "restorable" simply means that the patient would have --
11 that the tooth can have a filling placed in it.

12 In this case, when you write that, you usually
13 mean a permanent filling put in place. And that's what
14 Dr. Rose had written there.

15 Q. All right. Assuming that Dr. Rose's diagnosis on
16 January 2001 was correct and that the tooth could have been
17 restorable, is it fair, then, to say that sometime between
18 January 2001 and November 27th, 2002, in your estimation,
19 that tooth became nonrestorable?

20 MR. COLVILLE: Object to the form. But go ahead,
21 Doctor.

22 A. No. The tooth, from the time that this was
23 placed -- that he placed the filling, the temporary filling
24 in Mr. Hill's tooth, to the time that I saw him on
25 November 27th, the -- in fact, I guess what I would like to

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1 do is to go back to what I had said in the original
2 testimony. The horse was already out the barn and the door
3 was closed, but it was too late.

4 The fact that -- that this tooth presented with a
5 very deep cavity -- and that's indicated where he says
6 "caries" under the "A" which you referenced, Mr. Devlin --
7 and he then later states that he -- he has on -- under the
8 procedure, "P", on the second line he has No. 13, then a
9 dash, "gross decay removed". That generally means a large
10 amount of decay was removed, indicating that, again, this
11 cavity had progressed to a very deep depth within the tooth.
12 And, consequently, he then proceeded to put a temporary
13 filling in place so that, of course, hopefully at a later
14 date, if the tooth accepted this temporary filling, he would
15 then be able to place a permanent filling.

16 Q. Well, I guess I'm a little confused, then. So are
17 you saying that you believe that as of January 2001 this
18 tooth was not restorable?

19 A. I can't really make that decision. The -- again,
20 when you're dealing with decay that has progressed as far as
21 it had -- and what Dr. Rose was attempting to do was to save
22 the tooth, if at all possible. And that's why a temporary
23 filling was put into place. Temporary fillings are kinder
24 and gentler, if you will, to the pulp in the tooth, which is
25 the focus here, because of the fact of the close proximity

12 (Pages 45 to 48)

<p style="text-align: right;">Page 49</p> <p>1 that the cavity had -- and where it had occurred in relation</p> <p>2 to the pulp itself. The temporary filling was put into</p> <p>3 place to give the pulp possibly a chance to recover from the</p> <p>4 insult of the decay.</p> <p>5 The fact that Dr. Rose wrote "restorable" simply</p> <p>6 means that if the pulp is able to recover from the insult of</p> <p>7 the decay and from the further insult of removing the decay,</p> <p>8 and there is no pain problem later associated with it, then</p> <p>9 you can go and put a permanent filling in place.</p> <p>10 Q. Okay. Doctor, I have one more set of documents</p> <p>11 I'd like to go over, and those are the documents that I,</p> <p>12 e-mailed to Attorney Goldring earlier this morning. And</p> <p>13 there are two pages, both, I believe, entitled Inmate</p> <p>14 Request to Staff forms. Do you have those there?</p> <p>15 A. Yes, I do.</p> <p>16 Q. Okay. And the first one I'm looking at is dated</p> <p>17 12/31/01, and the second one I'm looking at is dated April</p> <p>18 8th -- I'm sorry. The first one I'm looking at is dated</p> <p>19 12/3/2001, and the second one I'm looking at is dated April</p> <p>20 8th, 2002. Are those the same as the ones you are looking</p> <p>21 at?</p> <p>22 A. That is correct.</p> <p>23 MR. DEVLIN: I would then ask that the court</p> <p>24 reporter mark those as Collins Exhibit 3</p> <p>25 collectively.</p>	<p style="text-align: right;">Page 51</p> <p>1 No. 184 on the -- and I can't read that next word --</p> <p>2 A. That word -- yes.</p> <p>3 Q. Is that prophylactic?</p> <p>4 A. That is correct.</p> <p>5 Q. Is that short for prophylactic?</p> <p>6 A. That -- that is short for prophylactic, right.</p> <p>7 And that simply means, Mr. Devlin, that he's on the list to</p> <p>8 have his teeth cleaned.</p> <p>9 Now, at FCI McKean, we did not separate out</p> <p>10 cleaning from routine care. That is simply the first step</p> <p>11 in routine care for the patient.</p> <p>12 Q. Okay.</p> <p>13 A. So -- and that's why, just to make sure -- just to</p> <p>14 clear up anything, because there are institutions where a</p> <p>15 cleaning is -- is not actually a part of the routine care</p> <p>16 the patient receives. It's a part indistinct.</p> <p>17 Q. Do you see that on the April 8th, 2002 request</p> <p>18 form, in the portion presumably filled out by Mr. Hill, the</p> <p>19 third line -- third line down, in reference to the temporary</p> <p>20 fillings he indicates, "Both are degenerating," quote,</p> <p>21 "getting worse," close quote.</p> <p>22 Do I understand your testimony correctly that that</p> <p>23 is inconsistent with your physical examination of his teeth</p> <p>24 in November of 2002?</p> <p>25 A. That -- I only looked at the tooth, which is No.</p>
<p style="text-align: right;">Page 50</p> <p>1 (Collins Deposition Exhibit 3</p> <p>2 marked for identification.)</p> <p>3 MR. DEVLIN: And, actually, in the interest of</p> <p>4 time, Mike, I'll just move on, and Janis can mark</p> <p>5 these when you are doing your questioning.</p> <p>6 Q. Doctor, are these the cop-out forms that you</p> <p>7 referred to before that should be used for routine care?</p> <p>8 A. That is correct.</p> <p>9 Q. And so am I correct, then, in looking at this,</p> <p>10 that based upon just these forms, Mr. Hill requested routine</p> <p>11 dental care both on December 3rd, 2001 and April 8th, 2002?</p> <p>12 Is that correct?</p> <p>13 A. That is correct.</p> <p>14 Q. And do you recall whether you reviewed these forms</p> <p>15 when they came in?</p> <p>16 A. Honestly, I cannot recall, due to the fact that we</p> <p>17 have -- get -- get on an average approximately nine to 10</p> <p>18 cop-outs a day, Mr. Devlin. I can't say that I actually</p> <p>19 recall reading these, to be quite frank with you.</p> <p>20 Q. Okay. And that's certainly understandable. Based</p> <p>21 upon your general practice, do you believe you would have</p> <p>22 read them when they came in?</p> <p>23 A. Yes, I do.</p> <p>24 Q. Okay. Now, I see here on the April 8th, 2002</p> <p>25 request, under "Disposition", it indicates that Mr. Hill was</p>	<p style="text-align: right;">Page 52</p> <p>1 13, that had the temporary filling in it.</p> <p>2 Q. Um-hum.</p> <p>3 A. He did reference to -- his reference to a second</p> <p>4 tooth that has a cavity in it, I did not observe or examine</p> <p>5 that tooth at the time that he entered into the clinic,</p> <p>6 because he did not complain about that. He complained about</p> <p>7 No. 13, and this was a sick call visit, so that's what I</p> <p>8 addressed my attention to.</p> <p>9 Q. Okay.</p> <p>10 A. And if I -- and if I can continue. The -- at that</p> <p>11 time that I did examine him in the clinic, the tooth which</p> <p>12 had the temporary filling in it had not degenerated. In</p> <p>13 fact, it was in excellent condition, as well as the tooth</p> <p>14 itself, clinically.</p> <p>15 Q. Okay. Do you have any idea as to what Mr. Hill</p> <p>16 might have been experiencing that would have led him,</p> <p>17 certainly as a nontrained -- as someone not trained in</p> <p>18 dentistry, to believe that his temporary filling was</p> <p>19 degenerating?</p> <p>20 MR. COLVILLE: Object to the form.</p> <p>21 A. He might have -- sometimes a temporary filling</p> <p>22 might have a little flake. Sometimes there is occasional --</p> <p>23 an excess part of the filling that might remain after the</p> <p>24 doctor has finished adjusting it. And on occasion that</p> <p>25 might flake off and the patient might be aware of that and</p>

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1 feel that the filling might be wearing down or getting
 2 worse, when, in fact, it is not.
 3 Q. In general, about how long would it have taken Mr.
 4 Hill to be seen from the routine care list, if he were No.
 5 184 on that list?
 6 A. Again, it's -- it depends on the -- on a few
 7 factors, Mr. Devlin. They -- the list is subject to the
 8 inmates coming and the inmates leaving. Some people on the
 9 list who were ahead of him would often be transferred to
 10 another location, and they would get taken off the list, and
 11 he would, therefore, move up on the list even faster.
 12 So I would hazard a guess right now that it's
 13 really kind of hard to say, but maybe possibly 11 or 12
 14 months.
 15 Q. And, finally, Doctor, with Mr. Hill having come to
 16 FCI McKean from USP Lompoc -- therefore, an intrabureau
 17 transfer -- was there any protocol whereby he would be seen
 18 for a dental examination as a result of that transfer?
 19 A. Usually Mr. -- the patients -- the inmate, when
 20 they are transferred in from another institution, provided
 21 they were already screened at that institution -- they were
 22 not just held there temporarily -- he would not be seen in
 23 the dental clinic if he had been screened and examined
 24 already at another institution prior to his coming to FCI
 25 McKean, or for that instance -- for that matter, any other

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1 institution as well. The -- it would sort of be redundant
 2 or repetitive. And the main thing is that he was examined
 3 within a certain period of time, and that was done at USP at
 4 Lompoc.
 5 MR. DEVLIN: That's all the questions I have,
 6 Doctor. Thank you.
 7 THE WITNESS: Okay, thank you.
 8
 9 CROSS-EXAMINATION
 10 BY MR. COLVILLE:
 11
 12 Q. Doctor, I have a few questions. And I want to
 13 reference Exhibit 1, the 11/27 notation. You were
 14 questioned by counsel as to whether or not you discussed
 15 with Mr. Hill whether there were complaints of being
 16 sensitive to air or having pain when he chewed.
 17 With that in mind, I note that you specifically
 18 quote in the subjective -- subjective portion of your note
 19 here that Mr. Hill told you "my tooth aches".
 20 A. Yes.
 21 Q. Did Mr. Hill tell you that his tooth was sensitive
 22 to air or that he was having problems when he chewed? And
 23 if -- if he did, would you have made note of those
 24 statements to you in this note?
 25 A. He did not, as I recall, say that his tooth was

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1 sensitive to air. I can't remember if he said it was
 2 sensitive to chewing or not. But, again, as you said,
 3 Mr. Colville, if he had said that, I would have put that
 4 down under the observations.
 5 Q. Making reference to Exhibit 2, the program
 6 statement, again, counsel read from Page 27 of that document
 7 in Paragraph F, your accessory dental treatment, and read
 8 the statement that, "If the CDO determines such treatment
 9 may be warranted, such approval needs to be obtained from
 10 the chief dentist or the medical director." Do you remember
 11 reading that?
 12 A. Yes, I do.
 13 Q. And you agree with that statement, at least as it
 14 relates to --
 15 A. That is correct.
 16 MR. COLVILLE: Neal, if you wouldn't mind, if you
 17 would also include as Exhibit 2 Page 15 of the
 18 document. And I want to refer Dr. Collins to that
 19 page presently, and we'll call it, again, Exhibit
 20 2, but Page 15 of that exhibit.
 21 Q. And if you look under Paragraph 3(b), this portion
 22 of the program statement reads, "If the CDO determines that
 23 such treatment may be warranted, approval must be obtained
 24 from the chief dentist and the medical director, through the
 25 warden and the regional director." And I guess my question

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1 to you, Doctor, is that what you understood the procedure to
 2 be at the time that you were treating?
 3 A. That is absolutely correct.
 4 Q. Okay. Let me ask you this: The question that
 5 wasn't asked was why didn't you elect to use this treatment
 6 versus the treatment of extraction?
 7 A. Well, first, there's a time -- time frame
 8 involved. I had no idea how long it might take for approval
 9 to go through the normal administrative pathways, if you
 10 will, and then come back to me.
 11 In the meantime, the patient's state could be also
 12 worsening, as now he is already suffering pain, and there is
 13 a possibility, a strong indication of an abscess forming.
 14 So also the fact that the tooth was so badly destroyed
 15 already -- approximately 50 percent of the crown of the
 16 tooth had already been destroyed -- and should a crown even
 17 be considered, an interim procedure would have had to have
 18 been performed between the root canal and the actual
 19 preparation of the tooth for a crown. And that interim
 20 procedure is called a post and core. So the tooth would
 21 have had to have first been treated for a root canal and
 22 then would have had to have had a post and core buildup.
 23 And, finally, then it would have had to have been prepared
 24 for a crown.
 25 Finally, if I might add also, something that I

14 (Pages 53 to 56)

<p style="text-align: right;">Page 57</p> <p>1 failed to bring out in earlier questioning of you,</p> <p>2 Mr. Devlin, is that root canal therapy is not a hundred</p> <p>3 percent successful. It does have a five percent failure</p> <p>4 rate.</p> <p>5 Q. In this case, where you diagnosed Mr. Hill with</p> <p>6 having irreversible pulpitis, was extraction of that tooth</p> <p>7 acceptable dental treatment within the standard of care?</p> <p>8 A. Very much so. Yes it is and was.</p> <p>9 Q. Let me ask you a couple questions about what --</p> <p>10 (Discussion held off the record.)</p> <p>11 Q. Did Mr. Hill ever come to you prior to</p> <p>12 November 27th, 2002 and tell you that he was having pain</p> <p>13 within Tooth No. 13?</p> <p>14 A. No, he did not.</p> <p>15 Q. Did you ever see Mr. Hill in a sick call visit or</p> <p>16 an open house prior to November 27th of 2002?</p> <p>17 A. I did not see him in a sick call visit at all, and</p> <p>18 at that time we had not really quite started open house --</p> <p>19 the institution open house. So I did not see him at all.</p> <p>20 Q. Do you recall when open house sessions began at</p> <p>21 the prison?</p> <p>22 A. I believe that open house sessions began in the</p> <p>23 prison around or about in June or July of 2003.</p> <p>24 Q. Which was after the extraction?</p> <p>25 A. Exactly.</p>	<p style="text-align: right;">Page 59</p> <p>1 CROSS-EXAMINATION</p> <p>2 BY MR. GOLDRING:</p> <p>3</p> <p>4 Q. This is Mr. Goldring. And I'm referring to Page 2</p> <p>5 of Exhibit 3, which is the April 8th, 2002 cop-out. And,</p> <p>6 Dr. Collins, I believe this cop-out was signed by Amber</p> <p>7 Douglas.</p> <p>8 A. Yes.</p> <p>9 Q. Do you know her?</p> <p>10 A. Yes, I do.</p> <p>11 Q. Can you identify who she is, exactly.</p> <p>12 A. Amber Douglas was the first contract dental</p> <p>13 assistant that came to FCI McKean to work with me in the</p> <p>14 dental plan.</p> <p>15 Q. And I'm looking at the response that she provided.</p> <p>16 Could you please read the last sentence of her response.</p> <p>17 A. That last sentence states, "If you have any pain</p> <p>18 problems, though, come right to sick call."</p> <p>19 Q. And did Mr. Hill come right to sick call?</p> <p>20 A. No, he did not.</p> <p>21 Q. Did you see him at any time between this response</p> <p>22 of April 8th, 2002 and November 27th, 2002, when you</p> <p>23 conducted the extraction?</p> <p>24 A. No, I did not.</p> <p>25 MR. GOLDRING: That's all I have.</p>
<p style="text-align: right;">Page 58</p> <p>1 Q. So the first open house would have been after the</p> <p>2 fact in this case?</p> <p>3 A. Exactly.</p> <p>4 Q. Did anyone ever tell you prior to your treatment</p> <p>5 of Mr. Hill in November of 2002 that Mr. Hill had complained</p> <p>6 about pain in his tooth?</p> <p>7 A. Only one person as I recall did mention to me that</p> <p>8 they had an inmate named Michael Hill who was having a</p> <p>9 problem, and that was his counselor, Ellen McNintch.</p> <p>10 Q. And did you do anything as a result of being</p> <p>11 informed of this by the counselor?</p> <p>12 A. I instructed her to have the patient come to sick</p> <p>13 call so that he could be examined.</p> <p>14 Q. And, again, do you recall when this conversation</p> <p>15 took place?</p> <p>16 A. I believe it was approximately the -- in either</p> <p>17 the latter part of August or the first part of September.</p> <p>18 I'm not quite clear.</p> <p>19 Q. Between that time and November of 2002, did Mr.</p> <p>20 Hill ever report to sick call?</p> <p>21 A. No, he did not.</p> <p>22 MR. GOLDRING: I just have one question.</p> <p>23 MR. COLVILLE: We have one question from Mr.</p> <p>24 Goldring.</p> <p>25</p>	<p style="text-align: right;">Page 60</p> <p>1 MR. COLVILLE: Colville has one follow-up question</p> <p>2 with regard to that.</p> <p>3</p> <p>4 RECROSS-EXAMINATION</p> <p>5 BY MR. COLVILLE:</p> <p>6</p> <p>7 Q. Doctor, what is your -- was that an appropriate</p> <p>8 response or disposition by Ms. Douglas to Mr. Hill's April</p> <p>9 8th, '02 cop-out?</p> <p>10 A. It was definitely in policy, yes. Yes.</p> <p>11 MR. COLVILLE: That's all I have.</p> <p>12</p> <p>13 REDIRECT EXAMINATION</p> <p>14 BY MR. DEVLIN:</p> <p>15</p> <p>16 Q. I just have a couple questions, Doctor, and if we</p> <p>17 get cut off, that's fine. If I don't get to these</p> <p>18 questions, I can live.</p> <p>19 But, sir, if Mr. Hill was in the special housing</p> <p>20 unit at any period of time, would he be able to come to sick</p> <p>21 call?</p> <p>22 A. No, he would not be come -- be able to come to</p> <p>23 sick call in the morning, but he would have access to a</p> <p>24 healthcare provider every day, because there is a -- what we</p> <p>25 call a mid-level healthcare provider, which is either a</p>

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1 physician assistant or a nurse practitioner. It can even be
2 the clinical director or the staff physician who makes
3 rounds in the morning and they make rounds in the evening.
4 And they are -- are available for medical complaints. And
5 at that time he could have made -- he would have been able
6 to have complained to them about any difficulty that he was
7 experiencing. In fact, I believe that is what happened when
8 he came to me on November the 27th.

9 Q. And, Doctor, if I understand your testimony a
10 while back in response to my questions correctly, am I right
11 that during your time at FCI McKean, you never placed a
12 crown on anyone's tooth?

13 A. That is absolutely correct.

14 Q. Okay. If you were to simply give me a very rough
15 ballpark estimate, how many patients do you think you saw
16 per year while you were at FCI McKean?

17 A. That's a hard question. By the way, it just
18 flashed, we have five minutes left.

19 Q. Go ahead. Go ahead.

20 A. That's -- I -- I -- that would be a -- that's kind
21 of hard for me to say. I would have to think on that a
22 little bit. It was a good number, but I can't --

23 Q. Well, let me ask you this --

24 A. -- say right now.

25 Q. -- do you think you saw more patients on a daily

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1 it to all of the problems that you have previously testified
2 to? Am I right on that?

3 MR. COLVILLE: Let me object -- let me object to
4 the form. But go ahead, Doctor.

5 A. I think -- what you said, Mr. Devlin, is can I
6 allow -- in other words, if -- I'm kind of unclear about
7 your question. Could you restate it briefly.

8 Q. Let me rephrase it. My understanding of your
9 responses to Attorney Colville was that one of the reasons a
10 crown would not have been appropriate here was a timing
11 issue, in that it would have taken, you believe -- and tell
12 me if this is wrong. But it would have taken a period of
13 time to get the appropriate approval, if you would even have
14 gotten it. And because Mr. Hill was in present pain, it
15 would not be able to wait that period of time, and, so,
16 therefore, getting a crown really wasn't going to -- wasn't
17 going to deal with the problem. Is that right?

18 MR. COLVILLE: Same -- same objection. But go
19 ahead, Doctor.

20 A. Well, the problem here was that he had reached an
21 acute state, and putting a -- attempting to wait for
22 approval could also be a factor in the condition continuing
23 to worsen.

24 Q. Okay.

25 A. That was one -- that was one of the factors that

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1 basis at FCI McKean than you did when you were in private
2 practice?

3 A. I would say not really, because in private
4 practice, we didn't have the restraints that you'd encounter
5 in a prison system of time and of location with an inmate.
6 But I -- so I would say I saw less in the prison than I did
7 in private practice.

8 Q. While you were in private practice, did you ever
9 place a crown on anyone's tooth?

10 A. Oh, yes. Yes, I did.

11 Q. Okay. Was that a fairly regular thing for you to
12 do while you were in private practice?

13 A. Yes, it was.

14 Q. Okay. Also, based upon some of Mr. Colville's
15 questions, am I correct, then, that notwithstanding the --
16 well, forget about the notwithstanding. One of the reasons
17 you felt that a crown may not be appropriate here would be
18 that even if you had decided to go through the procedure of
19 contacting the chief dentist and the regional director,
20 possibly through the warden and associate warden, to try to
21 get approval for the crown, at the point in time that Mr.
22 Hill came to see you, he was experiencing pain, and,
23 therefore, to wait that period of time would have not
24 resolved his pain problem and would have required you to
25 perform a root canal on a tooth without crowning it, leading

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1 I -- I had in the equation.

2 Q. So do you believe, then, that his condition was
3 worsening since being seen by Dr. Rose at USP Lompoc?

4 A. Yes, I do.

5 MR. DEVLIN: Those are all the questions I have.

6 MR. COLVILLE: We're through. Signature waived.

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8 (Deposition concluded at 11:58 a.m.)
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